

Wesman

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
01-17

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES JAN

4. PROPOSED EFFECTIVE DATE
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

The Breast and Cervical Cancer Prevention and
Treatment Act of 2000 (Public Law 106-354)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001-02 \$ 348,741

b. FFY 2002-03 \$ 464,989

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, pages 23b and 23c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, page 23b

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to allow states to provide full Medicaid benefits to uninsured women under age 65 and in need of treatment for breast or cervical cancer under the BCCPTA.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lynn Read for Hersh Crawford Bobby Mink

13. TYPED NAME: Hersh Crawford

Bobby Mink

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: 12-27-01

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JAN - 2 2002

18. DATE APPROVED: FEB - 8 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Christine Rubadue

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID

23. REMARKS:

State/Territory: Oregon

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

- | | | | |
|--|-------|-----|--|
| 1902(a)(10)(A)
(ii)(XIII) of the Act | [X] | 20. | Working Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A. |
| 1902(a)(10)(A)
(ii)(XVIII) of the Act | [X] | 21. | <p>Women who:</p> <ul style="list-style-type: none">a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under XV of the Public Health Service Act in accordance with the requirements of section 15 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;b. are not otherwise covered under creditable coverage, as defined in section 2701(c) the Public Health Service Act;c. are not eligible for Medicaid under any mandatory categorically needy eligibility growth andd. have not attained age 65. |

State/Territory: Oregon

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1920B of the Act

[X]

22.

Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1(aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 01-17
Supersedes TN No.

Approval Date:

Effective Date: January 1, 2002